

8/31/95  
9:30-10:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

P 50629D

A \_\_\_\_\_

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT \_\_\_\_\_

Terry  
Brawnley - Site Supervisor

DATE 4/5/95

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

Tax ID #  
05-418887  
INDEXED

DATE SYSTEM APPROVED 8/31/95

INSPECTOR GS

Columbia Builders, Inc.

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS P.O. Box 999, Columbia, MD 21044 PHONE 730-3939

SUBDIVISION Ashleigh Knolls LOT 65 ROAD 7125 Chilton Court

PROPERTY OWNER Columbia Builders, Inc.

ADDRESS 7125 Chilton Court  
Clarksville, MD 21029

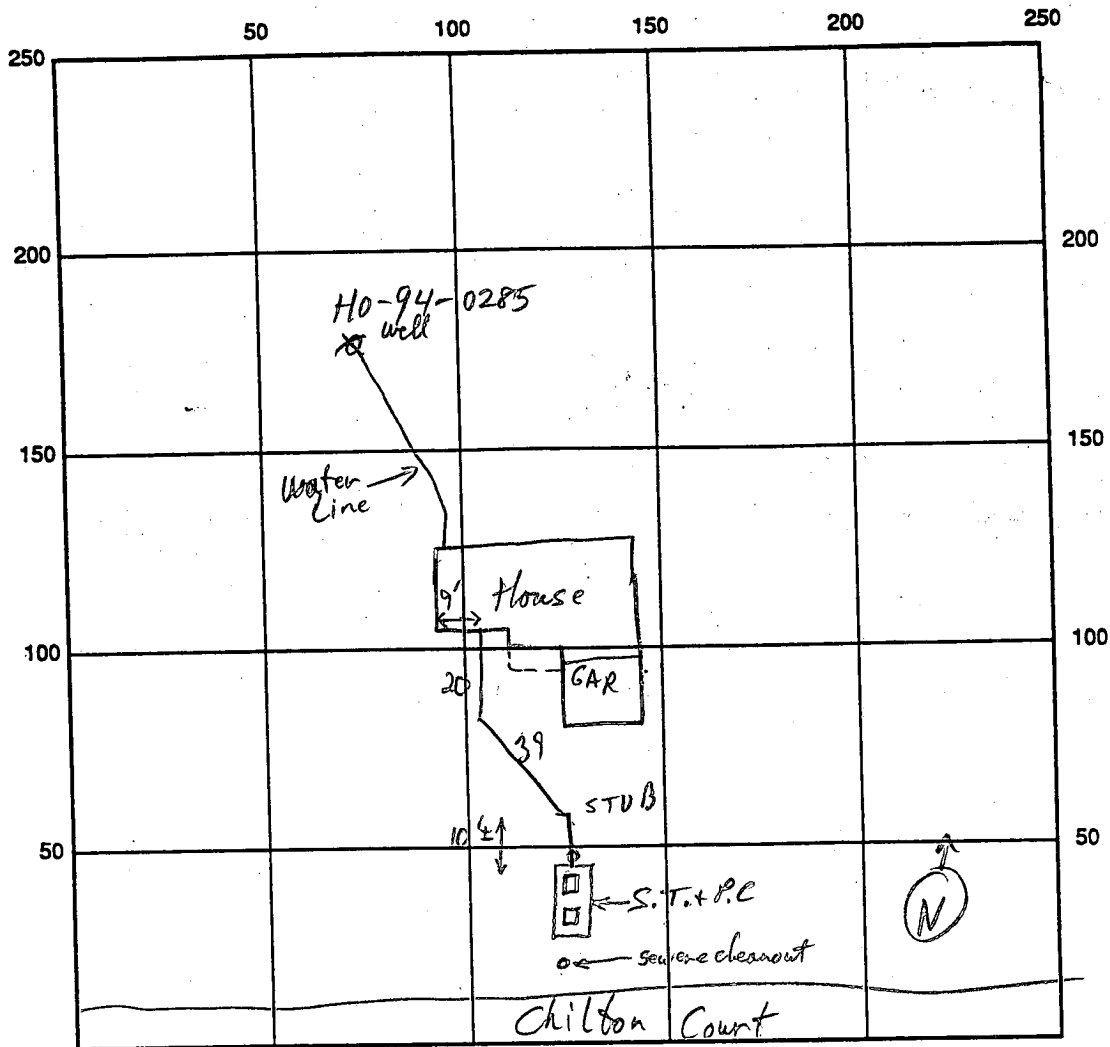
- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.

- This permit is limited to installation of the individual house sewer line only. Location as per the signed building permit site plan, copy attached.

- As the community system is not yet approved for service, connection to the septic tank is prohibited at this time. Sewer line is to be capped so as to maintain a minimum 2 foot separation from the connecting stub on the inlet side of the septic tank. Contact Health Department for inspection before covering the installation.

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

P 50629D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Standard precast type

Pump Chamber 500 gal  
 SEPTIC TANK LEVEL 1000 gal

CLEANOUTS Manholes ✓

REMARKS: S.T. installed months ago.

8/9/95 SEWER LINE OK FROM HOUSE TO WITHIN 10' OF S.T. MR

8/18/95 Final House connection to S.T. OK to Crew BPH approved BPH

8/24/95 TANK PUMP TEST, SYSTEM NOT READY - RESCHEDULED BPH

8/31/95 PUMP OPERATION OK, ALARM OPERATION OK BPH

8/8/95 - water line trench flooded, unable to inspect pitless adapter. BPH

8/8/95 - pitless adapter + water line uncovered - OK to crew BPH

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT



Receipt

Date April 5 1975

Name Columbia Builders, Inc

Telephone No. 730-3939

DETAILED LOCATION OF SITE, DEVELOPMENT, SECTION, ROAD, LOT NO. & ELECTION DISTRICT

Ashleigh Knolls

Lots 57, 62, 64 (65) 66

Septic System Permit  
5 lots @ \$180.00 each 900.00

Received Payment via ck # 3245

CUSTOMER FILE

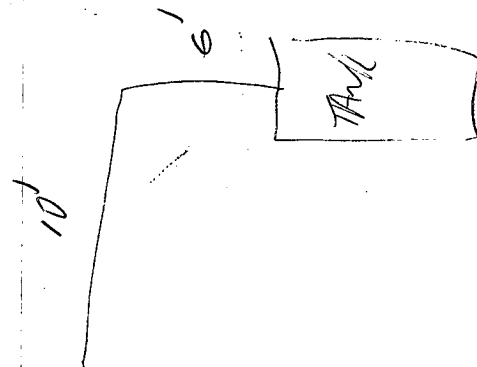
P 50629D

THIS RECEIPT IS NOT A PERMIT AND IT IS NOT A WARRANTY OF PERFORMANCE OF THE SYSTEM THAT IS INSTALLED

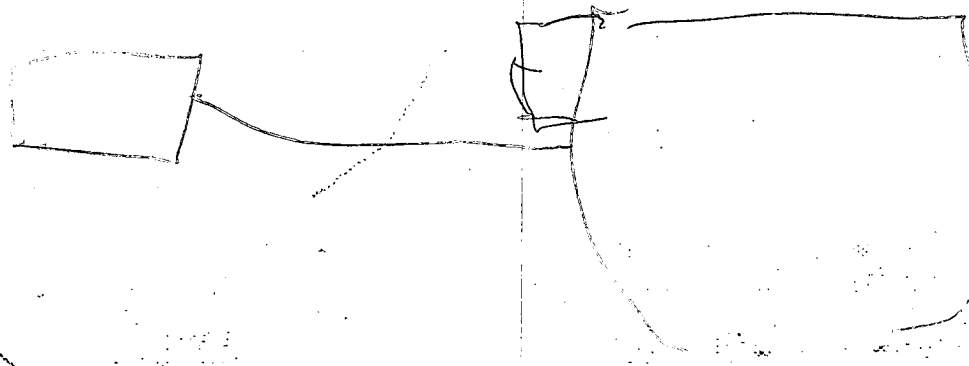
MARYLAND BUSINESS FORMS, INC. P-16488

62

# 7128



63



# ASHLEIGH KNOLLS

450290 C

SUBDIVISION:

LOT NUMBER: 65

## DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

**NOTE:** If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

1500 GAL. "CUSTOM"  
SEPTIC TANK

## TRENCHES

N/A sq. ft./bedroom

Trench to be \_\_\_\_\_ wide.

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

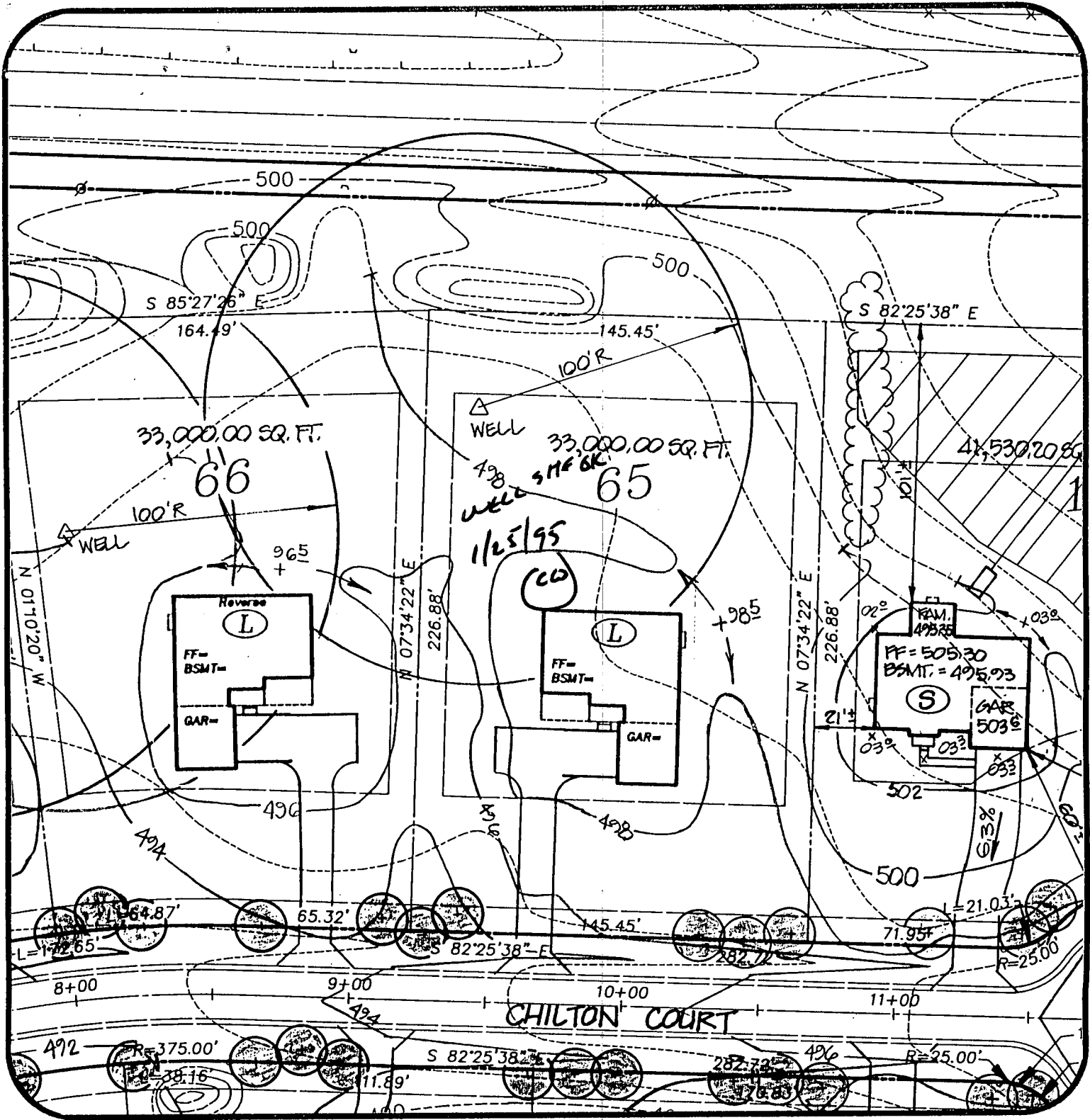
\_\_\_\_\_ feet of stone below distribution pipe.

- NOTE:**
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: SHARED DISPOSAL FIELD,

POINT OF CONNECTION IS COMMON SEWER LINE AT  
FRONT PROPERTY BOUNDARY.

2/2/95 C. Wilkin



✓ Ashleigh Knolls  
Lot 65

DATE: 9/20/94

PROJECT NO.: 87027-06

DRAWN BY: TJP

SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.

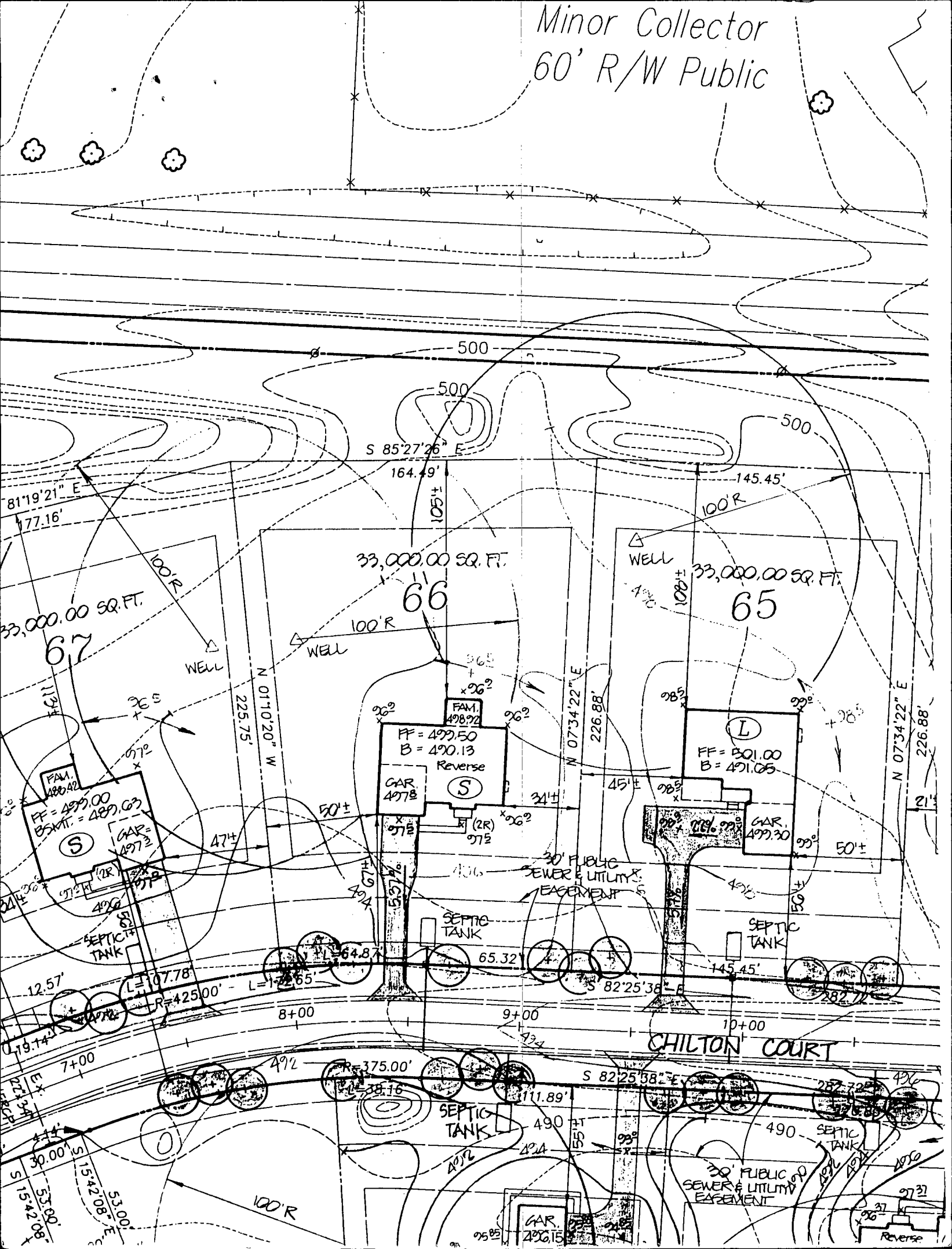
CIVIL ENGINEERS  
LAND SURVEYORS

PLANNERS  
ENVIRONMENTAL

3300 N. Ridge Road, Suite 235  
Ellicott City, MD 21043-3305

(410) 461-0079  
Fax: (410) 750-6340

Minor Collector  
60' R/W Public



APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

58578

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
7125 Chilton Court  
Clarksville, MD 21029

GRADING/SEDIMENT CONTROL  YES  NO **F93-116**  
SDP #

DESCRIPTION OF WORK AUTHORIZED  
**Model (L)**  
**2 story, Full Base., 10 RM, 4 BA.,**  
**Garage, (4 BR)**

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
65				7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		R-R	41	5	6051.02	

OWNER NAME AND ADDRESS  
Columbia Builders, Inc.  
P.O. Box 999  
Columbia, MD 21044

PHONE NO.  
730-3939

OCCUPANT'S NAME AND ADDRESS  
N/A

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
Mildenberg, Mochi & Assoc. Inc.  
3300 N. Ridge Road, Suite 235  
Ellicott City, MD 21043

PHONE NO.  
461-0078

CONTRACTOR'S NAME AND ADDRESS  
Columbia Builders, Inc.  
P.O. Box 999  
Columbia, MD 21044

PHONE NO.  
730-3939

EXISTING USE  
Vacant Lot

PROPOSED USE  
Single Family Dwelling

EST. CONSTRUCTION COST  
\$100,000.00

LICENSE NUMBER  
361106

PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	50'	63'	10'
2	50'	65'	10'
3	50'	41'	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2143	21430	Asp. Gable
ROOMS	1863	18630	
BATHS			
FIREPLACES	1587	15870	T 55,593

FOOTINGS	FOUNDATION	S. WALLS
20" x 8"	12" CMU	wd fram

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
X	X		X	BLSC
				AC
				X

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

*O. James Greenfield*  
SIGNATURE

Pres. TITLE  
DATE 3/22/95

### FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE \_\_\_\_\_  
SIDE YARD \_\_\_\_\_  
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)  
TO SIDE BUILDING LINE \_\_\_\_\_  
DISTANCE IN FEET, REAR YD. REQUIRING SET  
BACK \_\_\_\_\_ (CORNER LOT ONLY) SDP # \_\_\_\_\_

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/18/95	<i>Blair Dargatzis</i>
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**CAUTION**  
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.  
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

May 12, 1995

**MEMORANDUM**

**TO:** Columbia Builders, Inc.  
P. O. Box 999  
Columbia, MD 21044

**FROM:** Craig Williams, Program Director  
Water and Sewerage Program  
Bureau of Environmental Health

**RE:** Building Permit Number: 58578

Proposed Use: Single Family Dwelling

Address: 7125 Chilton Court  
Clarksville, MD 21029

This is to confirm that the above referenced building permit application was recommended for approval subject to the following conditions and/or cautions:

- 1) building sewer may not be connected to septic tank until public utilities are placed in service.
- 2) septic tank pump, piping, floats, and controls must be installed prior to final plumbing inspection.
- 3) Final inspections require minimum of seven (7) days notice.

This office's recommendation for approval of the building permit application was based upon your acceptance of these conditions.

Please contact Howard County DPW (410) 313-4900 or the Howard County Health Department (410) 313-2640 to schedule the final inspection.

CW:vr

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933  
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # 10  
Date 7/17/95

Name of Installer JMI Co. Inc.

Telephone 442-5780

License Number 4524

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Columbia Bldgs. Inc.

Telephone \_\_\_\_\_

Subdivision Ashleigh Knolls Lot # 65 Well Tag # HO-94-0285

Site Address 7125 Chilton Ct.

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible

Motor

- Horsepower 3/4
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make WAEUMED
- Model # PT-100
- Depth 42"

2. Make \_\_\_\_\_

3. Model # \_\_\_\_\_

4. Capacity 10 GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No

6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other \_\_\_\_\_

Tank

- Capacity 80
- Pressure relief valve?

*pitless adapter & waterline OK  
at 3 1/2" PIP 8/8/95*

Piping

- Type Poly
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42"

Well data

- Depth 200 ft.
- Yield 12 GPM
- Static water level 18 ft.
- Will water supply be disinfected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: 7-17-95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

EMERGENCY/TEMP NO. IF ANY

**B 1** **4048**

SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**40-94-0285**  
fill in this form completely

Date Received (APA) **1/20/94**

**OWNER INFORMATION**

**MINCHESTER HOMES**  
Last Name Owner First Name

**6305 IVY LAVE**  
Street or RFD

**GREENBELT MD 20770**  
Town State Zip

**B 3** LOCATION OF WELL

**HOWARD** COUNTY

**ASHLEIGH** SUBDIVISION

SECTION **65** LOT **65**

**HIGHLAND** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **0.00** MI

**DRILLER INFORMATION** MSD/MGD/MWD

**George F. Easterday** License No. **40**

Driller's Name **L. Franklin Easterday, Inc.** License No. **00**

Firm Name **9265 Brown Church Rd., MT. Airy, Md. 21771**

Address **George F. Easterday** Date **9/19/94**

**B 4** **CHILCOT CT** NEAR WHAT ROAD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**275** DISTANCE FROM ROAD ENTER FT OR MI **FT**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** COUNTY NAME **W50290 C** COUNTY NO.

STATE SIGNATURE **Mark E. Rifkin** DATE ISSUED **1/13/95** EXP. DATE **1/13/96**

NORTH GRID **480000** EAST GRID **0810000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER **1 wells**

WRITE THE BOX NUMBER FROM THE MAP HERE

**810 8**  
**480 9**

2-28-95 PUMP 8:30

METHOD OF DRILLING (circle one)

BORED (or Augered)  JETTED  Jetted & DRIVEN

AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)

CABLE  REVerse-ROTary  Drive-POINT

other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-94-0285**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

**site inspection before drilling**

COUNTY \_\_\_\_\_

C 1- 5961

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY- DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

120999

021495

22 200 26 (TO NEAREST FOOT)

40-99-0285

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top soil, Red clay, Sand silt, Clay, Gravel, Sand stone, Mica, Sand stone, Mica, Sand stone, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below

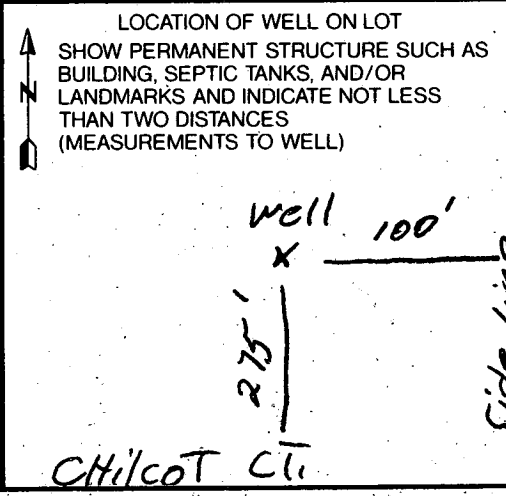
DEPTH (nearest ft.) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST PHILTON PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED yes no

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)







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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

August 31, 1995

Columbia Builders, Inc.  
P.O. Box 999  
Columbia, Maryland 21044

RE: Ashleigh Knolls, Lot #65  
7125 Chilton Court  
Well Permit #HO-94-0285

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on August 31, 1995.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

### INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-0285. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months.

Date of Water Sample: August 28, 1995  
Date of Well Completion: February 14, 1995

Approving Authority

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS

cc: Building Inspector's office  
file

As of 8/30/95 - septic not complete

~~FAK~~ 992-3020 Zartman

Brenda FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL \* CHEMICAL \* PHYSICAL WATER ANALYSIS

1413 Old Taneytown Road  
Westminster, MD 21158

MD State Certification #133  
(410) 848-1014 or 876-4554

839 C South Main Street  
Bel Air, MD 21014

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 4995  
LABORATORY ID NUMBER: 17616  
LOCATION: 7125 Chilton Court

COMPANY: CASH ACCOUNT  
REQUESTED BY: Jim Greenfield  
SOURCE: Well  
SITE: Kitchen

CLARKSVILLE, HO, MD, 21029  
DATE/TIME COLLECTED: 08-28-1995, 0955  
DATE/TIME REC'D LAB: 08-28-1995, 1320  
WELL NUMBER: HO-94-0285

COLLECTED BY: J. Starr 95-430  
RESIDUAL CHLORINE: None Detected  
WATER SUPPLY TREATED: NO  
TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
pH RESULTS @	7.1	6.5 - 8.5	pH Units
NITRATES	3.29	10 OR LESS	mg/L (PPM)

ONPG/MUG 24-HOUR TEST:

COLIFORMS, TOTAL	ABSENT	Absent	Bacteria Total Coliform
COLIFORMS, FECAL	N/A	Absent	Bacteria Fecal Coliform

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS
Turbidity	10.6	Less Than 10	NTU
Sand	None	None	
Iron, Soluble	0.95	Less Than 0.3	mg/L

PLEASE NOTE: A SATISFACTORY TEST RESULTS INDICATES THAT THE PARAMETER(S) TESTED FOR WERE WITHIN POTABLE WATER LIMITS AT THE TIME OF SAMPLING.

@ DENOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 08-29-1995

LABORATORY DIRECTOR:

*Chas Mooshian*  
Charles Mooshian, BS, MT (HHS)

COMMENTS: Use & Occupancy.

Sample Analyzed As Received

**STATE OF MARYLAND**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**Laboratories Administration**  
 201 W. Preston St.  
 P.O. Box 2355, Baltimore, Maryland 21203  
 J. Mehsen Joseph, Ph.D., Director

009499

Category Code 4F-AC

Lab. No. \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**

Field Record

<b>SAMPLE TYPE:</b>	Community	<input type="checkbox"/>	Source	<u>POWDER - Powder Room</u>	
	Non-Community	<input type="checkbox"/>	Location:	<u>777 COLON</u>	
	Non-Transient	<input type="checkbox"/>	Iced:	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/> am.
	Private	<input checked="" type="checkbox"/>	Treated	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected <u>9:00</u> <input type="checkbox"/> pm.
	Check Sample	<input type="checkbox"/>	Collector #	<u>95-456</u>	Bottle No. <u>AB286</u>
	Special	<input type="checkbox"/>	Collector Name	<u>R. CAMPBELL</u>	County <u>ANNAPOLIS</u>

<input type="text" value="13"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
County	Plant No.	Sampling Station	Date Collected

pH  Res. Cl: Free  Total  Card No.

**LABORATORY RECORD**

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE MTF TEST\***

**CONFIRMED MTF TEST**

ml. of Sample	10 ml.									
Gas. 24 hours	-	-	-	-	-	-	-	-	-	-
Gas. 48 hours	-	-	-	-	-	-	-	-	-	-

ml. of Sample	10 ml.									
Coliforms †	-	-	-	-	-	-	-	-	-	-
Fecal Coliforms ‡										

No. of Pos.
0
0

**PRESUMPTIVE P/A TEST\***

**CONFIRMED P/A TEST**

ml. of Sample	100ml.
Gas. 24 hours	
Gas. 48 hours	

ml. of Sample	100 ml.
Total Coliforms †	
Fecal Coliforms ‡	
E. Coli ***	

\*\* Presumptive Coliforms/100 ml. (Membrane Filter) =

† Verified Total Coliforms/100 ml. (Membrane Filter) =

‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =

Heterotrophic Plate Count §/ml. =

- \*\* using m Endo-Agar LES at 35° C incubation
- \* using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- \*\*\* using ONPG-MUG at 35° C incubation

Date & Hour 23 JUN 86 11:25 Rec.d Exam  
23 JUN 86 11:25 Exam  
23 JUN 86 11:25 Rept.

Laboratory	
Annapolis	<input type="checkbox"/>
Cambridge	<input type="checkbox"/>
Central	<input checked="" type="checkbox"/>
Cheverly	<input type="checkbox"/>
Remarks	

Bacteriologist Campbell

4

STATE OF MARYLAND  
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 Laboratories Administration  
 201 W. Preston St.  
 P.O. Box 2355, Baltimore, Maryland 21203  
 J. Mehsen Joseph, Ph.D., Director

011278

Category Code 45 40

Lab. No. \_\_\_\_\_

### BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

**SAMPLE TYPE:**

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source Buiter - Powder Room

Location: 725 Child Ct.

Iced: Yes  No   am.  pm.

Treated Yes  No  Time Collected 9:00

Collector # 95-456 Bottle No. B19 381

Collector Name B. Canning County Howard

County 13 Plant No. --- Sampling Station --- Date Collected 03 05 96

pH 7.0 Res. Cl: Free 00 Total 00 Card No. ---

### LABORATORY RECORD

Thiosulfate: Pres.  Absent  Undetermined

#### PRESUMPTIVE MTF TEST\*

#### CONFIRMED MTF TEST

ml. of Sample	10 ml.							
Gas. 24 hours	---	---	---	---	---	---	---	---
Gas. 48 hours	---	---	---	---	---	---	---	---

ml. of Sample	10 ml.							
Coliforms †	---	---	---	---	---	---	---	---
Fecal Coliforms ‡	---	---	---	---	---	---	---	---

No. of Pos.
<u>0</u>

#### PRESUMPTIVE P/A TEST\*

#### CONFIRMED P/A TEST

ml. of Sample	100ml.
Gas. 24 hours	
Gas. 48 hours	

ml. of Sample	100 ml.
Total Coliforms †	
Fecal Coliforms ‡	
E. Coli ***	

\*\* Presumptive Coliforms/100 ml. (Membrane Filter) =

† Verified Total Coliforms/100 ml. (Membrane Filter) =         

‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =         

Heterotrophic Plate Count §/ml. =         

- \*\* using m Endo-Agar LES at 35° C incubation
- \* using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- \*\*\* using ONPG-MUG at 35° C incubation

#### Laboratory

Annapolis  Cumberland

Cambridge  Frederick

Central  Salisbury

Cheverly

Remarks \_\_\_\_\_

Date & Hour

3 MAR 96 13 25 Rec'd lf

5 MAR 96 13 25 Exam lf

7 MAR 96 14 15 Rept. \_\_\_\_\_

Bacteriologist L. Hayer



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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

January 31, 1996

Ms. Susan Boucher  
7125 Chilton Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #65  
7125 Chilton Court  
Well Permit #HO-94-0285  
Water Sample Date: January 23, 1996

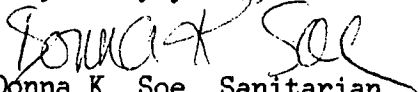
Dear Ms. Boucher:

The water sample recently submitted for testing was found to be free of coliform bacteria. In order for you to receive a Final Certificate-of-Potability for the water well supply, a second consecutive bacteriologically safe sample must be obtained.

Please contact this office at (410) 313-2640 to schedule the final water sample appointment. It is recommended that this water sample be taken from an inside tap, the most reliable source from which to obtain safe water sample.

Presently, there is no charge for this service.

Very truly yours,

  
Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS

**STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration**

201 W. Preston St. 004966  
P.O. Box 2355, Baltimore, Maryland 21203  
J. Mehsen Joseph, Ph.D., Director

Category Code 4F-4C

Lab. No. \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

**SAMPLE TYPE:**

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source Barber - Powder Room

Location: 7145 CHILCO CT.

Iced: Yes  No   am.

Treated Yes  No   pm.

Time Collected 9:00

Collector # 95-456 Bottle No. BC571

Collector Name B. Panning County Howard

13	---	---	10	02	95
County	Plant No.	Sampling Station	Date Collected		

pH 7.0 Res. Cl: Free 00 Total 00 Card No. ---

**LABORATORY RECORD**

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE MTF TEST\***

ml. of Sample	10 ml.									
Gas. 24 hours										
Gas. 48 hours †										

**CONFIRMED MTF TEST**

ml. of Sample	10 ml.										No. of Pos.
Coliforms †											1
Fecal Coliforms ‡											0

**PRESUMPTIVE P/A TEST\***

ml. of Sample	100ml.
Gas. 24 hours	
Gas. 48 hours	

**CONFIRMED P/A TEST**

ml. of Sample	100ml.
Total Coliforms †	
Fecal Coliforms ‡	

\*\* Presumptive Coliforms/100 ml. (Membrane Filter) :=

† Verified Total Coliforms/100ml. (Membrane Filter) =

‡ Verified Fecal Coliforms/100ml. (Membrane Filter) =

Heterotrophic Plate Count %/ml. =

\*\* using m Endo-Agar LES at 35° C incubation

\* using Lauryl Sulfate Trypticase Broth at 35° C incubation

† using Brilliant Green Lactose Bile Broth at 35° C incubation

‡ using EC Broth at 44.5° C incubation

§ using Plate Count Agar at 35° C incubation

Date & Hour

4 OCT 95 13

21

Recd.

4 OCT 95 13

21

Exam

9 OCT 95 13

02

Rept.

Laboratory	
Annapolis	<input type="checkbox"/> Cumberland <input type="checkbox"/>
Cambridge	<input type="checkbox"/> Frederick <input type="checkbox"/>
Central	<input checked="" type="checkbox"/> Salisbury <input type="checkbox"/>
Cheverly	<input type="checkbox"/>

Bacteriologist

Chan



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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

December 19, 1995

Ms. Susan Boucher  
7125 Chilton Court  
Clarksville, Maryland 21029

"SECOND NOTICE"

RE: Ashleigh Knolls, Lot #65  
7125 Chilton Court  
Well Permit #HO-94-0285  
Water Sample Date: October 4, 1995

Dear Ms. Boucher:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-2640 to arrange for follow-up testing. Presently, there is no charge for this testing.

Very truly yours,

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS

Enclosure



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HOWARD COUNTY HEALTH DEPARTMENT

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October 13, 1995

*Joyce M. Boyd, M.D., County Health Officer*

Ms. Susan Boucher  
7125 Chilton Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #65  
7125 Chilton Court  
Well Permit #HO-94-0285  
Water Sample Date: October 4, 1995

Dear Ms. Boucher:

The water sample recently submitted for testing was found to contain **coliform bacteria** indicating that some contamination is present. It is possible that pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-2640 to arrange for follow-up testing. Presently, there is no charge for this testing.

Very truly yours,

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS

Enclosure



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HOWARD COUNTY HEALTH DEPARTMENT

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Joyce M. Boyd, M.D., County Health Officer

March 13, 1996

Ms. Susan Boucher  
7125 Chilton Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #65  
7125 Chilton Court  
Well Permit #HO-94-0285

Dear Ms. Boucher:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on August 31, 1995.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

**FINAL CERTIFICATE OF POTABILITY**

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-94-0285.

Dates of Water Samples: January 23, 1996  
March 5, 1996

Date of Well Completion: February 14, 1995

Approving Authority

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS  
cc: file